

AO 435 (Rev. 10/23)				ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	
TRANSCRIPT ORDER					
Please Read Instructions:					
1. NAME Savannah Stroud		2. PHONE NUMBER (254) 773-8311		3. DATE 5/1/2024	
4. DELIVERY ADDRESS OR EMAIL Savannah@txconstructionlaw.com		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER 7:21-cv-00272		9. JUDGE Drew B. Tipton		DATES OF PROCEEDINGS	
		10. FROM 3/28/2024		11. TO 3/28/2024	
12. CASE NAME The General Land Office of the State of Texas et al v. Bid		LOCATION OF PROCEEDINGS			
		13. CITY Zoom		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Savannah Stroud				PROCESSED BY RICK RODRIGUE	
19. DATE 5/1/2024				PHONE NUMBER (956) 618-8498	
TRANSCRIPT TO BE PREPARED BY TRINITY SERVICES				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES 0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT 0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE 0.00	